

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 08:00 AM**

**Secretary of State**

**DOCUMENT # A20646**

1. Entity Name  
MILLS AVENUE INVESTORS, LTD.

Principal Place of Business 450 S. ORANGE AVENUE  ORLANDO FL 32801	Mailing Address 450 S. ORANGE AVENUE  ORLANDO FL 32801
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 4920  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	4. FEI Number <b>59-2573282</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32802	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOURNE ROBERT A 450 S. ORANGE AVENUE  ORLANDO FL 32801 US		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE **02/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 300,000.00	10. Amount of Capital Contributions in FLORIDA to date. 300,000.00	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	BOURNE ROBERT A	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME	SENEFF JAMES MJR.	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** ROBERT A. BOURNE GP Date **02/05/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)